

JOINT MEMORANDUM OF AGREEMENT BETWEEN THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

Constitution of the Joint Royal Colleges of Physicians Training Board

PREAMBLE

1. The Royal College of Physicians of Edinburgh, The Royal College of Physicians of London and the Royal College of Physicians and Surgeons of Glasgow, together known as the Federation of the Royal Colleges of Physicians of the United Kingdom [The 'Federation'], has agreed to work together on specific objectives.

AIM

2. The purpose of this agreement is to lay down the constitution of the Joint Royal Colleges of Physicians' Training Board [JRCPTB]

AUTHORITY

3. The constitution of the JRCPTB was originally given by the 3 Presidents at the meeting of the Federation on 23rd November 2006.

MEMBERSHIP

4. The membership is as follows:

Representatives of the Royal Colleges

Medical Director JRCPTB in the Chair (1)
Deputy Medical Director [Vice Chair] (1)
Associate Medical Director(s) as from time to time appointed

President RCP London (1)
President RCP Edinburgh (1)
President RCPS Glasgow (1)
Registrar RCP London (1)
Head of Training RCPATH (1)
Education lead, RCP London (1)
Education lead, RCP Edinburgh (1)
Education lead, RCPS Glasgow (1)

Specialist Advisory Committee [SAC] Chairs, G(I)M, Cardiology, Respiratory Medicine, Gastroenterology & Geriatric Medicine, [Permanent seats] (5)

Three Chairs drawn from the SACs in Dermatology, Endocrinology & Diabetes Mellitus, Haematology, Neurology, Medical Oncology, Renal Medicine & Rheumatology (3)
[Biannual rotation]

One Chairman drawn from the remaining SACs (1)
[Biannual rotation]

Medical Director of MRCP(UK) (1)

Two Heads of Deanery Postgraduate Schools of
Medicine (2)

One College CEO (1)
One College Treasurer (1)
[Nominated by the Federation]

Lay Members

Lay member, nominated by RCP London (1)
Lay member, Scotland (1)
[RCP Edinburgh and RCPS Glasgow to nominate alternately]

Other members

Academy of Medical Sciences (1)
Postgraduate Dean (nominated by COPMed) (1)
Chair of the trainee's Committee RCP London (1)
Trainee representative Scotland (1)
[RCP Edinburgh and RCPS Glasgow to nominate alternately]
Representative of NHS Employers (1)
Representative of the National Association of
Clinical tutors (1)
Representative from Wales (1)
Representative from Northern Ireland (1)

Observers

Head of Education RCPL (1)
Chief Operating Officer MRCP(UK) (1)
Representative of the ICHMT (1)

Secretariat

Head of JRCPTB (1)

ALTERNATES

5. Royal College members shall have named alternates. Observers may send a deputy if they are unable to attend.

CO-OPTION

6. For agenda items concerning recommendations for the award of CCT or for CESR, additional representatives of relevant SACs may be invited to attend.

QUORUM

7. A meeting shall be quorate if at least 50% members are present (excluding the secretariat and observers).

CHAIRMANSHIP

8. Meetings will be chaired by the Medical Director of the JRCPTB. In his or her absence, the Deputy Medical Director will take the Chair.

VOTING PROCEDURES

9. Recommendations will be approved on the basis of a straight majority vote. Should the vote be evenly split, the casting vote will be held by the Chairman, and such a decision will be ratified by the three Presidents. Should the workload demand it, decisions based on postal enquiry to voting members will be acceptable and in such circumstances the numerical rules outlined above will apply.

MEETINGS

10. The JRCPTB will meet three times a year, once in London, once in Edinburgh and once in Glasgow. Additional meetings may be convened should the workload require it.

EXECUTIVE

11. An executive shall be formed to manage the day to day business, with Terms of Reference agreed by the Federation. (See Appendix 1).

MEDICAL DIRECTOR & DEPUTY DIRECTOR

12. The Medical Director and the Deputy Medical Director will be appointed through open competition on terms to be agreed by the Federation. He/she will be medically qualified. (See Appendices 2 & 3).
13. The Medical Director will have overall responsibility for the proper functioning of JRCPTB, will chair its meetings and will be directly accountable to the Federation. He/she should be invited to attend the Federation meetings.

TERMS OF OFFICE

14. Members, with the exception of the Presidents, and the five permanent SAC Chairs (who will take their seats ex officio), will be appointed for a three year term, renewable for a further three years. Thereafter, there must be a lapse of three years before re-appointment can be accepted. Casual vacancies may be filled immediately and appointments will be for a full term. Chairs of SACs that do not have permanent seats will be rotate biannually.

RESERVED BUSINESS

15. College members will be entitled to discuss reserved items without the presence of observers. The trainees' representatives will be asked to withdraw when there is discussion relating to the award of a CCT to a particular trainee or about an appeal lodged by a trainee.

TERMS OF REFERENCE

16. To be responsible to the Federation for carrying out the functions relating to the supervision of specialist medical training as devolved to it by the General Medical Council, and by arrangement with any other organizations as may from time to time be required [e.g. the Postgraduate Deans' postgraduate training schools].
 - a) Thus, on behalf of the Federation it will, through the Medical Director, Deputy Medical Director the Executive and SACs:
 - i) Review and update core, and specialty curricula and submit them to the GMC for approval.
 - ii) Provide professional support and advice to individual trainees.

- iii) Work with the GMC to develop appropriate performance and knowledge assessment mechanisms to evaluate trainee's competence.
 - iv) Enrol trainees onto training programmes, confirming the fulfillment of entry requirements at both core and specialty levels, and when appropriate, the provisional CCT or CESR(CP)date.
 - v) Continually monitor the progress of all trainees maintaining both paper and electronic records as required.
 - vi) Recommend to the GMC the names of those eligible for the award of a CCT or CESR.
 - vii) Provide pre-application advice to applicants for evaluation of applications for a CESR under the provisions of the Specialist Order¹.
 - viii) Evaluate applications and make appropriate recommendations to the GMC in respect of applications for a CESR.
 - ix) Ensure that due attention is paid to the training needs of less than full time and overseas trainees.
 - x) Work with postgraduate training schools to provide a comprehensive service for the local quality management of core and specialty training programmes.
 - xi) Ensure that all JRCPTB rules and regulations are properly publicised both through formal publications and on a dedicated website.
 - xii) Provide specialist support to the GMC appeals process in respect of physician appellants.
 - xiii) Work in co-operation with the MRCP(UK) central office in the development of specialist examinations.
 - xiv) Any other activities that may from time to time be pertinent.
- b) To be responsible to the Federation for the appointment of SAC members, ensuring that these committees are constituted according to the agreed constitutions, and for overseeing their work and monitoring their performance.
- c) To be responsible to the Federation for matters relating to the proper management of the organisation. These will include:
- i) Management of the budget agreed by the Federation.
 - ii) Appointment and supervision of staff except for the Head of JRCPTB who will be appointed by the Federation.
- d) Acting on behalf of the Federation to co-operate with the GMC in all matters relating to appeals.
- e) Such other roles and responsibilities as may from time to time be required by the Federation.
- f) The JRCPTB will determine the extent to which its roles and responsibilities may be delegated to the Medical Director, Head of JRCPTB, the SACs, College Tutors, other College representatives, and Heads of deanery schools of medicine.

SUB COMMITTEES

17. In addition to its SACs, the JRCPTB may, in addition to the Executive, and subject to the approval of the Federation, appoint sub-committees as may from time to time be appropriate.

LOCATION

18. The offices of the JRCPTB are currently located at 5 St Andrews Place. The letter headings and other documents and publications will indicate a corporate identity.

¹ The Medical Act 2005.

FINANCE

19. The JRCPTB derives its funding from Department[s] of Health grants, from the GMC under agreed Service Level Agreements, trainee subscriptions and contributions to the deficit from the three Colleges.

The deficit will be met by the three Colleges on the basis of London 70%, Glasgow 8% and Edinburgh 22%.

Each year a budget will be prepared for submission to a meeting of the Federation of the three Colleges.

REVIEW

20. This document will be reviewed in November 2012.

Approved at the meeting of the Federation held at the Royal College of Physicians of London on 9th February 2010, and subsequently amended to reflect the disbandment of the PMETB.

Signed

Professor Sir Neil Douglas
President
RCP Edinburgh

Mr Ian Anderson
President
RCPS Glasgow

Professor Ian Gilmore
President
RCP London

APPENDICES

1. Diagrammatic representation of relationships and Terms of reference for the Executive
2. Job description and person specification for the Medical Director
3. Job description and person specification for the Deputy Medical Director
4. Framework for SAC constitution.
5. Job description and person specification for an SAC Chairman
6. Job description and person specification for an SAC member
7. Constitution of the Core Medical Training Committee

**TERMS OF REFERENCE FOR THE EXECUTIVE
OF JRCPTB**

Membership: Medical Director JRCPTB (in the Chair)
Deputy Medical Director JRCPTB
Chair of the Federation
Medical Director MRCP(UK)
Education lead, RCP London
Education lead, RCP Edinburgh
Education lead, RCPS Glasgow
The COPMeD representative on the Board
The Federation CEO on the Board
The College Treasurer on the Board

Secretariat Head of JRCPTB

Co-opted: Head of education RCP London
COO MRCP(UK)

Terms of Reference:

To:

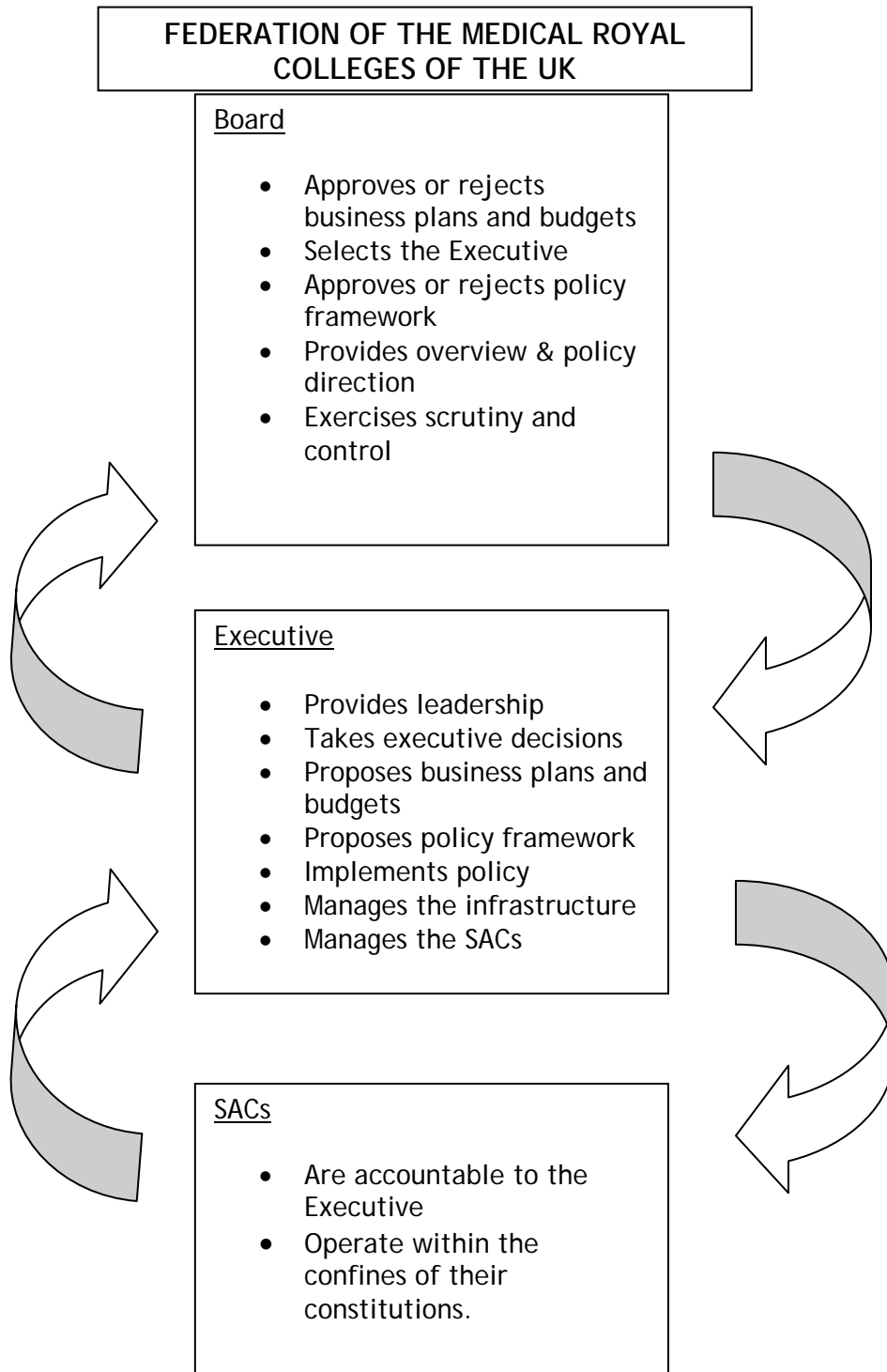
1. Provide leadership in the operational activities of the JRCPTB.
2. Take executive decisions on behalf of the Board.
3. Propose business plans and budgets.
4. Propose policy frameworks.
5. Implement policy
6. Manage the infrastructure
7. Manage the SACs

Reporting: Reports from the group will be presented to the JRCPTB and the Federation.

Tenure: The members as above will be drawn from the membership of the JRCPTB ex officio.

Frequency of meetings: Monthly, except where there is a Board meeting in the month.

The relationship between the Board, the Executive and the SACs



JOB DESCRIPTION AND PERSON SPECIFICATION
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**MEDICAL DIRECTOR OF THE JOINT
ROYAL COLLEGES' OF PHYSICIANS TRAINING BOARD
(JRCPTB)**

JOB CONTEXT

The Medical Director is the Officer appointed by the Federation of the Royal Colleges of Physicians of the United Kingdom to act on its behalf, where appropriate through the Executive Group of the JRCPTB, on all delegated matters relating to core and specialist training in the medical specialties. The Federation discharges its role in specialist medical training through the JRCPTB. The Medical Director shall chair meetings of the JRCPTB.

The Medical Director shall be appointed jointly by the three Federation Colleges for a period of three years in the first instance. This may be renewable for a further three years, by mutual agreement. It is anticipated that the designate incumbent will understudy the incumbent Medical Director for a period of at least three months prior to taking up the substantive appointment.

MAIN RESPONSIBILITIES

1. To chair meetings of the JRCPTB and its Executive Group.
2. To sit as a member of the JRCPTBs sub-committees as may from time to time be constituted.
3. To advise the JRCPTB on the structure of any subordinate committees.
4. To be accountable to the Federation Colleges (directly to the Chair of the Federation) in overseeing the delivery of the JRCPTBs responsibilities arising from Service Level Agreements with the PMETB covering:
 - a. Best practice in evaluation of application for certification.
 - b. Applications for CCT certification.
 - c. Applications for assessment for specialist registration (CESR).
 - d. Applications for other statutory certificates.
 - e. Standards.
 - f. Quality assurance of training.
5. To work with other relevant stakeholders such as the Academy of Medical Royal Colleges (Academy Specialty Training Committee), Postgraduate Deans (Through JACSTAG) the General Medical Council (GMC) and the Departments of Health (for example eLfh).
6. Thus the Medical Director oversees the activities of the Core Training Committee and the SACs in:
 - a. Co-ordinating shared educational activities pertaining to trainees and trainers across all Colleges.
 - b. Reviewing and updating core and specialty curricula and submitting them to the GMC for approval.
 - c. Providing professional support and advice to individual trainees.
 - d. Contributing to the development of appropriate performance and knowledge assessment mechanisms to assess trainees' competence.

- e. Enrolling trainees onto programmes, confirming the fulfillment of entry requirements at both core and specialty levels, and when appropriate, the provisional CCT or CESR(CP) date.
 - f. Monitoring the progress of all trainees maintaining both paper and electronic records as required.
 - g. Recommending to the GMC, the names of those eligible for the award of CCT or CESR(CP).
 - h. Providing pre-application advice to applicants for evaluation for specialist registration under the provisions of the Medical Act 2005.
 - i. Ensuring that due attention is paid to the training needs of less than full time and overseas trainees.
 - j. Working with Postgraduate Training Schools to provide a comprehensive service for the local quality management of core and specialty training programmes.
 - k. Ensuring that all JRCPTB rules and regulations are properly publicised both through formal publications and on a dedicated website.
6. To act as spokesperson for the JRCPTB when required to do so.

The anticipated workload is up to 4 notional PAs per week. Where the Medical Director is not retired, the JRCPTB will reimburse his employers for the time he spends in the Medical Director role. Necessary expenses will be reimbursed. Where he is retired, the JRCPTB will pay an honorarium, plus necessary expenses, at a rate to be mutually agreed. The Offices of the JRCPTB are currently located at the Royal College of Physicians of London.

A permanent staff headed by the Head of JRCPTB manages and conducts the day to day activities of the JRCPTB and is functionally responsible to the Medical Director.

Attribute or skill	Essential	Desirable
Specialist Expertise in training.	<p>To be an experienced consultant Physician having been actively involved in education and/or training.</p> <p>Has a thorough and up to date understanding and experience in the management of the regulations and processes of medical training.</p>	Is able to take an innovative approach to policy development.
Appropriate attitudes	<p>A recognised leader, with an ability to create consensus.</p> <p>Has good interpersonal and management skills.</p> <p>Has well honed Chairing skills</p>	Has an ability to effect change
Training experience	Has had experience of chairing a relevant National or Regional training committee.	
Clinical Expertise	<p>To have an entry in the GMC's specialist register.</p> <p>To be in good standing with employer and GMC</p>	Has made additional contributions to his /her specialty.
College representation	To be a Fellow, in good standing of one of the Federation Colleges	
Specialist Representation	To be an active member of a relevant Specialist Society	

JOB DESCRIPTION AND PERSON SPECIFICATION
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**DEPUTY MEDICAL DIRECTOR OF THE JOINT
ROYAL COLLEGES' OF PHYSICIANS TRAINING BOARD
(JRCPTB)**

JOB CONTEXT

The Deputy Medical Director is the Officer appointed by the Federation of the Royal Colleges of Physicians of the United Kingdom to act on its behalf, through the Medical Director of the JRCPTB, on delegated matters with primary responsibility for core and generic medical training. The Federation discharges its role in specialist medical training through the JRCPTB. The Deputy Medical Director shall act as chairman at meetings of the JRCPTB, where the Medical Director is absent.

The Deputy Medical Director shall be appointed for a period of three years in the first instance. This may be renewable for a further three years, by mutual agreement. It is anticipated that the designate incumbent will understudy the incumbent Deputy Medical Director for a period of at least three months prior to taking up the substantive appointment.

MAIN RESPONSIBILITIES

1. To act as deputy to the Medical Director in all matters relating to the operation of the JRCPTB.
2. To be the lead Officer, within JRCPTB, for overseeing its role in the management of core medical training.
3. To Chair the Core Training Committee.
4. To take the lead in other areas of specific interest to the incumbent agreed on appointment.
5. To sit as a member of the JRCPTB's sub-committees as may from time to time be constituted.
6. To be accountable to the Federation Colleges, through the Medical Director, for overseeing the delivery of those of JRCPTB's responsibilities, delegated to him, arising from Service Level Agreements with the GMC currently covering:
 - a. Best practice in evaluation of application for certification.
 - b. Applications for CCT and CESR(CP) certification
 - c. Applications for assessment for specialist registration (CESR)
 - d. Applications for other statutory certificates.
 - e. Standards.
 - f. Quality management of training.
7. Thus the Deputy Medical Director assists the Medical Director in agreed aspects of the work of the JRCPTB including, but not exclusively:
 - a. Reviewing and updating core medical training curricula and submitting them to the GMC for approval.
 - b. Providing professional support and advice to individual trainees.
 - c. Contributing to the development of appropriate performance and knowledge assessment mechanisms to assess trainees' competence.

- d. Enrolling trainees onto core training programmes, confirming the fulfillment of entry requirements.
- e. Monitoring the progress of all trainees maintaining both paper and electronic records as required.
- f. Confirming the eligibility of trainees to enter CMT.
- g. To confirm the successful completion of CMT.
- h. Ensuring that due attention is paid to the training needs of less than full time and overseas trainees.

8. To act as spokesperson for the JRCPTB when required to do so.

The anticipated workload is up to 2 notional PAs per week. Where the Deputy Medical Director is not retired, the JRCPTB will reimburse his employers for the time he spends in the Medical Director role. Necessary expenses will be reimbursed. Where he is retired, the JRCPTB will pay an honorarium, plus necessary expenses, at a rate to be mutually agreed. The Offices of the JRCPTB are currently located at the Royal College of Physicians of London.

A permanent staff headed by the Head of JRCPTB manages and conducts the day to day activities of the JRCPTB and is functionally responsible to the Medical Director.

Attribute or skill	Essential	Desirable
Specialist Expertise in training.	<p>To be an experienced consultant Physician having been actively involved in education and/or training.</p> <p>Has a thorough and up to date understanding and experience in the management of the regulations and processes of medical training.</p>	Is able to take an innovative approach to policy development.
Appropriate attitudes	<p>A recognised leader, with an ability to create consensus.</p> <p>Has good interpersonal and management skills.</p> <p>Has well honed Chairing skills</p>	Has an ability to effect change
Training experience	Has been a member of a relevant National or Regional training committee.	Has been Chair of a similar National body.
Clinical Expertise	<p>To have an entry in the GMC's specialist register</p> <p>To be in good standing with employer and GMC</p>	Has made additional contributions to his/herspecialty.
College representation	To be a Fellow in good standing of one of the Federation Colleges	
Specialist Representation	To be an active member of a relevant Specialist Society	

CONSTITUTION OF THE SPECIALIST ADVISORY COMMITTEES

Background

Specialist Advisory Committees [SAC] are sub-committees of the Joint Royal Colleges of Physicians Training Board. The role of the SAC is to contribute to the development of specialist training policy as it affects the specialty in question, and to supervise the delivery of specialist training to standards set by the JRCPTB in a number of key areas.

TERMS OF REFERENCE

- To write, monitor and update the specialty training curriculum (in line with PMETB standards) and taking account of developments in the specialty and the needs of patients, the service, trainees and trainers.
- To set the standards for medical training and assessment in the specialty.
- To participate in the CCT process by enrolling and supporting trainees, monitoring their progress, processing requests for Out of Programme Experience, including research and making recommendations to the PMETB for the award of CCT/CESR.
- To contribute to the quality management of postgraduate training, liaising between Deaneries and Royal Colleges and facilitating the provision of external advice for training programmes.
- To provide an annual specialty report (ASR) to the PMETB/GMC, including a summary of notable practice and key issues, based on examination results, external reports and specialty reports from Heads of School.
- To work closely with other organisations (Specialist Societies, Deaneries and Royal Colleges) in relation to training issues and workforce and selection planning.

MEMBERSHIP OF SACS

Membership of SACs, with the exception of the Chairman, is through nomination. Membership of the SAC will represent key constituencies e.g. The Royal Colleges, Specialist Societies, Postgraduate deaneries and Trainees. Deanery Heads of Specialty Training (normally the programme director TPD or, where there is more than one TPD the TPD nominated by the deanery head of school of medicine) are key to the delivery of postgraduate specialty training and will be accountable operationally to the Postgraduate Deans but professionally accountable to the Royal Colleges. Royal Colleges, Postgraduate Deaneries and Specialist Societies will share their appointment and ensure/encourage local support for the appointment. Heads of Specialty Training (TPDs) will form the main cadre of each SAC representing other constituencies consecutively:

Heads of Specialty Training (normally Training Programme Directors) ex officio	1 per Deanery (England), 2 from Scotland, 1 each from NI, and Wales.
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Trainees	1 each from England or Scotland. 1 from Northern Ireland or Wales
Royal Colleges	From within the heads of specialty training (1 from a Scottish College, 1 from the London College).
Patient/Public	Maximum of 2 representatives from [preferably] Royal College patient / carer groups or appropriate voluntary sector groups.
Specialist Societies where these have education committees.	1 per Society.
Academic	1 (in specialties with academic trainees)
Lead Postgraduate Dean for the specialty	1 nominated by CoPMED
Others & Co-options	As approved - e.g. Cross representation with other Royal Colleges, other SACs, and relevant 'observers'

Co-options

Proposals for co-options must be approved by the Medical Director of JRCPTB.

Chair

The appointment of SAC chairs will be by open advertisement with a job description and person specification followed by election.

Double-hatting

Where constituencies (such as the Royal Colleges) can be represented by those appointed as Heads of Specialty Training this should be the norm.

Lay representatives

Lay representatives will usually be appointed via College patient / carer networks to ensure that appropriate individuals are nominated. Where a representative is nominated by an outside body the nominees must have their credentials scrutinised by one of the Colleges' patient network groups or similar before taking up their nomination.

UEMS

Where the specialty has affiliation with UEMS, the SAC may include the representative within the body of the membership.

Attendance

Given the importance of the SACs, members must make every effort to attend the meetings (or to be deputised). Where a member fails to attend three successive meetings his/her nomination will be revoked.

JOB DESCRIPTION & PERSON SPECIFICATION

CHAIRMAN OF A SPECIALIST ADVISORY COMMITTEE**JOB CONTEXT**

Specialist Advisory Committees [SACs] are sub-committees of the Joint Royal Colleges of Physicians Training Board. The role of these committees is to contribute to the development of specialist training policy as it affects the specialty in question, and to supervise the delivery of training to standards set by the JRCPTB in a number of key areas:

- To write, monitor and update the specialty training curriculum (in line with GMC standards) and taking account of developments in the specialty and the needs of patients, the service, trainees and trainers.
- To set the standards for medical training and assessment in the specialty.
- To participate in the CCT process by enrolling and supporting trainees, monitoring their progress, processing requests for Out of Programme Experience, including research and making recommendations to the GMC for the award of CCT/CESR.
- To contribute to the quality management of postgraduate training, liaising between Deaneries and Royal Colleges and facilitating the provision of external advice for training programmes.
- To provide an annual specialty report (ASR) to the GMC, including a summary of notable practice and key issues, based on examination results, external reports and specialty reports from Heads of School.
- To work closely with other organisations (Specialist Societies, Deaneries and Royal Colleges) in relation to training issues and workforce and selection planning.

THE CHAIR REPORTS TO THE MEDICAL DIRECTOR OF THE JRCPTB.**MAIN RESPONSIBILITIES**

- To Chair meetings of the SAC and to ensure that a programme of meetings is planned and agreed as far in advance as possible.
- To identify individual SAC members to undertake specific tasks or to be the lead member on specific topics as above.
- To act as spokesperson for the SAC when required to do so.

- To sit as a member on the JRCPTB in turn in accordance with the Board's constitution.

APPOINTMENT

The Chairman will be appointed in open competition from the Fellowship of the Federation Colleges and the membership of the relevant Specialist Society[ies]. A person specification for the role is attached to this job description. Applications will be assessed by the Medical Director and Deputy Medical Director of the JRCPTB, with the Head of the JRCPTB. Eligible applicants will then be forwarded to the appropriate SAC, members of which will be balloted electronically.

TENURE

Chairmen normally serve for a period of 3 years. This can be extended to a maximum of 6 years, by mutual agreement of the Medical Director of the JRCPTB and the SAC.

ADMINISTRATIVE SUPPORT

Each SAC is supported, through the central administrative office of JRCPTB, by a Committee Services Manager (CSM) who administers the SAC, and does all the day to day interaction with SAC members and deaneries. SAC Chairs should liaise closely with their CSM on all aspects of the operation of the SAC. CSM are line managed by the Head of Committee Services to whom any difficulties should be addressed. The Medical Director of JRCPTB attends SAC meetings where possible (at least one per year), together or alternatively by either the Head of JRCPTB or the Head of Committee Services. The JRCPTB maintains a comprehensive database and website which SACs are encouraged to utilise.

ATTENDANCE AT OTHER MEETINGS

The JRCPTB seeks a meaningful dialogue with SAC Officers and for this reason the SAC Chairman is invited to attend any meeting with the JRCPTB to discuss matters of particular or mutual interest such as assessment, equivalence, Modernising Medical Careers and GMC. The Chairman is usually invited to attend, but in the event of his absence another member of the SAC can attend. The JRCPTB will seek the opinion of its SACs - usually through correspondence or email and the routine SAC meetings, but occasionally through additional meetings for specific issues.

MEMBERSHIP

The Chairman will be asked for comments/instructions on the membership and the constitution of the SAC, in accordance with the policy laid down by JRCPTB. SAC constitutions should be reviewed annually to confirm continuing appropriateness.

FINANCIAL SUPPORT

There is no central financial support for members of SACs. Members are expected to negotiate appropriate leave of absence from their employing body. Employing authorities (procedures vary in different administrations) are required to reimburse travel and subsistence costs arising from reasonable attendance at SAC events.

TIME COMMITMENT

It is difficult to be prescriptive as to the required time commitment, but experience indicates that the equivalent of one session per week should be allowed for.

Appendix: Person specification

PERSON SPECIFICATION

Attribute or Skill	Essential	Desirable
Specialist Expertise in Training	<p>Thorough knowledge of the current medical training environment, at both core and specialist levels.</p> <p>Completion of an appropriate Training the Trainers course.</p> <p>Knowledge of GMC principles and practices and of the process of implementation of MMC.</p> <p>Experience at a high level of administration/management of training, including membership of the SAC within the last three years</p> <p>Experience as a Regional Specialty Advisor or as a Programme Director</p>	Currently a member of the SAC.
Appropriate skills	<p>Demonstrable leadership qualities.</p> <p>Evidence of recent training in equality and diversity and an ability to ensure its principles are implemented.</p> <p>Ability to work well in a team.</p> <p>Evidence of commitment to the NHS</p>	<p>Successful chairmanship of committees</p> <p>Evidence of the use of initiative.</p>
Education Expertise	Demonstrable commitment to the development of specialist training e.g. recent attendance at an appropriate course on assessment and appraisal.	<p>Evidence of professional development in education eg courses / qualifications</p> <p>Contribution to developments in organisation / delivery of education</p>
Clinical Expertise	To be in good standing with employer and GMC	Achievement and additional contributions to specialty
College Representation	Fellow in good standing of 1 of the Federation Colleges. And to have had experience as a College Regional Adviser.	
Specialist Representation	To be an Member of a relevant Specialist Society.	

JOB DESCRIPTION & PERSON SPECIFICATION
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MEMBER OF A SPECIALIST ADVISORY COMMITTEE**JOB CONTEXT**

Specialist Advisory Committees [SACs] are sub-committees of the Joint Royal Colleges of Physicians Training Board. The role of these committees is to contribute to the development of specialist training policy as it affects the specialty in question, and to supervise the delivery of training to standards set by the JRCPTB in a number of key areas:

- To write, monitor and update the specialty training curriculum (in line with GMC standards) and taking account of developments in the specialty and the needs of patients, the service, trainees and trainers.
- To set the standards for medical training and assessment in the specialty.
- To participate in the CCT process by enrolling and supporting trainees, monitoring their progress, processing requests for Out of Programme Experience, including research and making recommendations to the GMC for the award of CCT/CESR.
- To contribute to the quality management of postgraduate training, liaising between Deaneries and Royal Colleges and facilitating the provision of external advice for training programmes.
- To provide an annual specialty report (ASR) to the GMC, including a summary of notable practice and key issues, based on examination results, external reports and specialty reports from Heads of School.
- To work closely with other organisations (Specialist Societies, Deaneries and Royal Colleges) in relation to training issues and workforce and selection planning.

MAIN RESPONSIBILITIES

- Attending SAC meetings.
- Actively contributing to the work of the SAC in the areas described above.
- Attending Penultimate Year Assessments on behalf of the SAC.
- Pro-actively undertaking other activities on behalf of the SAC.

TENURE

SAC members normally serve for a period of 3 years. This can be extended to a maximum of 6 years with the agreement of the SAC Chair and the Medical Director of JRCPTB.

Co-opted Members will be appointed for an initial period of two years, subject to review. Co-opted members are appointed because of a special interest, or because they have been asked to undertake a specific project for the SAC.

Similarly, some members of the SAC are appointed as observers, eg from the Irish College or as the trainee representative. Membership is usually held for the tenure of appointment.

In all cases members should seek guidance on the requirement to provide feedback to the nominating body.

ADMINISTRATIVE SUPPORT

Each SAC is supported, through the central administrative office of JRCPTB, by a Committee Services Manager (CSM) who administers the SAC, and does all the day to day interaction with SAC members and deaneries. SAC Chairs should liaise closely with their CSM on all aspects of the operation of the SAC. CSM are line managed by the Head of Committee Services to whom any difficulties should be addressed. The Medical Director of JRCPTB attends SAC meetings where possible (at least one per year), together or alternatively by either the Head of JRCPTB or the Head of Committee Services. The JRCPTB maintains a comprehensive database and website which SACs are encouraged to utilise.

FINANCIAL SUPPORT

There is no central financial support for members of SACs. Members are expected to negotiate appropriate leave of absence from their employing body. Employing authorities (procedures vary in different administrations) are required to reimburse travel and subsistence costs arising from reasonable attendance at SAC events.

TIME COMMITMENT

It is difficult to be prescriptive as to the required time commitment, but experience indicates that the equivalent of one session per fortnight should be allowed for.

Attribute or Skill	Essential	Desirable
Specialist Expertise in Training	<p>Experience as a Regional Specialty Advisor or as a Programme Director</p> <p>Knowledge of the current medical training environment, at both core and specialist levels.</p>	<p>Completion of an appropriate Training the Trainers course</p> <p>Active or very recent experience as a trainer.</p>
Appropriate skills	<p>Evidence of recent training in equality and diversity and an ability to ensure its principles are implemented.</p> <p>Ability to work well in a team.</p> <p>Committed to contributing to the SAC.</p> <p>Evidence of commitment to the NHS.</p>	<p>Experience of committee work.</p>
Education Expertise	<p>Commitment to the development of specialist training .</p> <p>Recent attendance at an appropriate course on assessment and appraisal.</p>	<p>Evidence of professional development in education eg courses / qualifications</p> <p>Contribution to developments in organisation / delivery of education</p>
Clinical Expertise	<p>Where appropriate, to have an entry in the GMCs specialist register</p> <p>To be in good standing with employer and GMC</p>	
Representation	<p>Fellow of 1 of the Federation Colleges and to be a Member of a relevant Specialist Society.</p>	<p>Experience as a College Regional Adviser</p>

Constitution of the Committee for Core Medical Training

Background

The Committee for Core Medical Training (CMT) is a sub-committee of the Joint Royal Colleges of Physicians Training Board. The role of the Committee for CMT is to contribute to the development of core medical training and its curricula and to supervise the delivery of core medical training to standards set by the JRCPTB in a number of areas.

From August 2007, Core Medical Training (CMT) will be the first stage of training for trainees who wish to achieve a certificate of completion of training (CCT) in a Medical Specialty. CMT has been designed to provide further generic training following Foundation. Trainees completing CMT will have a solid platform in General Internal Medicine (Acute Medicine) from which they can continue into Specialty Training. Successful attainment of CMT competencies will be required in order to be eligible for entry into Specialty Training in any of the medical specialties.

Trainees intending a career in Acute Medicine may wish to undertake Acute Care Common Stem Training (ACCS) programmes, where they will train together with trainees in Critical Care and Emergency Medicine. ACCS (medicine) graduates can apply for entry to all of the 26 medical specialties and conversely CMT graduates will still have the option to apply for acute medicine training.

Terms of reference

- To advise the JRCPTB on all training matters pertaining to CMT.
- To work with the SAC for General Internal Medicine, Acute Internal Medicine those responsible and Acute Care Common Stem (ACCS) training and others in determining the competencies of core medical trainees in the future.
- To work with the SACs for General Internal Medicine and Acute Internal Medicine to write the CMT aspects of the curricula for all medical specialties.
- To review the curricula regularly, ensuring their currency and validity to the needs of CMT.
- To oversee the implementation of the assessment programme and criteria for certification of a CMT trainee.
- To provide advice on CMT for the Federation.
- To work with deaneries and other stakeholders to assess and ensure the quality of training and appropriate support for trainees.
- To act as an advocate for core training trainees, monitoring their training, ensuring the delivery of the curriculum and making recommendations regarding the continuation of training.

Membership of the Committee for Core Medical Training

Membership of this committee with the exception of the Chairman is through nomination. Membership will represent the Royal Colleges, Postgraduate Deaneries and Trainees.

Members should therefore include:

Deanery Heads of CMT	1 per Deanery from England, Northern Ireland and Wales. 2 from Scotland (1 College, 1 Deanery)
Trainees: 1 ST1, 1 ST2, 1 ST3+	1 each from England and Scotland, 1 from Northern Ireland and Wales.
Patient / Public	Maximum of 2 representatives. 1 from the RCPL patient/carer group and 1 from another Royal College group or appropriate voluntary sector groups.
Each Royal College	1 normally from the heads of training cohort or maximum of 1 if separately nominated
Representative from the Acute Internal Medicine SAC	Chair + 1 other
Representatives from ACCS	2 representatives (at least one physician)

Co-options

Proposals for co-options must be approved by the Medical Director of JRCPTB.

Chair

The appointment of the CMT chair will be by open advertisement with a job description and person specification followed by election.

Double-hatting

Where constituencies (such as the Royal Colleges) can be represented by those appointed as Heads of core training this should be the norm.

Lay representatives

Lay representatives will usually be appointed via College patient / carer networks to ensure that appropriate individuals are nominated. Where a representative is nominated by an outside body the nominees must have their credentials scrutinised by one of the Colleges' patient network groups or similar before taking up their nomination.

Attendance

Given the importance of the CMT committee, members must make every effort to attend the meetings (or to be deputised). Where a member fails to attend three successive meetings his/her nomination will be revoked.

Job descriptions and person specifications are the same as those for SAC members but aligned to CMT rather than specialty. See Appendices 5 & 6.